



Lincoln-Lancaster Health Department
Animal Control
Bite/Observation at Shelter

Date Received ___/___/___ Time _____ Call No. _____
Bite No. _____

Description of Animal

___ Dog ___ Cat ___ Other (_____)
Breed _____ Color _____ Sex _____
Name _____ License No. _____ Age _____
Rabies Tag Number/Vet. _____
Printed Name of Owner _____
Address of Owner _____

1. I certify that I do/do not own the animal described above.

2. I certify that said animal was involved in a bite case on ___/___/___, and my liabilities resulting from said bite case shall be my own personal responsibility. In addition, I agree to pay all charges/fees resulting from the bite and observation.

3. I agree to contact the Capital Humane Society at 2320 Park Blvd. within 24 hours and make arrangements for all expenses of boarding the animal including the examination and rabies vaccination (if needed). If I shall fail to make said arrangements, I shall forfeit ownership of said animal within 72 hours and it shall become the property of Animal Control.

4. I agree to claim said animal on ___/___/___, Failure to claim animal within 5 days of this date will result in forfeiture of ownership and possible legal action.

5. Other _____

Date ___/___/___ Signature _____ DOB ___/___/___
Address _____

Remarks: _____

Animal Control Transportation Fee for service \$ _____
___ Cash ___ Check ___ Waived ___ To be billed

Animal Control Officer

Date